



Logon to Virtual Gateway

In order to use the CBHI application, you must logon to Virtual Gateway (go to www.mass.gov/vg and click the link "Logon to Virtual Gateway") and select the Children's Behavioral Health Initiative business service.

Note: See [Logon Assistance Job Aid](#) for more information on accessing the Virtual Gateway.

Adding a CANS/SED Determination for a Client

A Data Entry Operator (DEO) is allowed to enter data on behalf of a Certified Assessor (CA) within the same organization. Data entry operators must identify the specific certified assessor by entering a CA User Id. The system will validate that the DEO and CA are in the same organization and that the CA's certification is valid prior to allowing the DEO access to the assessment menu.

1. Type [**Certified Assessor User Id***]; click the [**OK**] button.

(* Indicates required field)

Note: The Certified Assessor must provide their CA User Id to the Data Entry Operator to identify the Assessor for whom they are entering records. No passwords are entered; only the User Id.

2. Confirm the Certified Assessor; click the [**OK**] button.

If incorrect Certified Assessor displays, click the [**Cancel**] button and type in the correct Certified Assessor User Id.

Successful sign on will present the Main Assessment Menu with tabs based upon your role for the CBHI application (e.g., Data Entry Operator, Certified Assessor, etc).



3. From the Main Assessment Menu, click the **[Add New]** tab.

4. Enter the **[Mass Health ID]**; click the **[OK]** button.

(* Indicates required field)

A lookup is performed to the Massachusetts Medicaid Information System (MMIS) to obtain basic information about the client. Confirm Client Information screen appears.

5. Confirm Client Information. (If incorrect Client Information displays, click the **[Cancel]** button and type in the correct MassHealth ID).
6. Enter the **[Date of Assessment*]**; click the **[OK]** button.

(* Indicates required field)

Complete the Person Details, Child CANS Information, SED Part I and SED Part II based on hardcopy tool.

Under the **Person Details** section,

(* Steps 7-11 are required for CANS to go to 'Documented on Paper' status.)

7. From Race drop-down menu, choose **[Race]**.
8. From Ethnicity drop-down menu, choose **[Ethnicity]**.



9. From Primary Language drop-down menu, choose **[Primary Language]**.
10. From Language At Home drop-down menu, choose **[Language At Home]**.
11. From Current Living Situation drop-down menu, choose **[Current Living Situation]**.

* Indicates fields required to save record in 'Documented on Paper' status.

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Friday, 10/17/2008 Carl CBHITESTCAO

Main Assessment Menu

Add New | Edit | Copy | View CANS | Print Blank Form | Manage Consent | CA Reports

Domains / Modules

SED Determination *

Person Details

MacroHealth ID: 822722626

Name: TESTA CHRISTOPHER Date of Birth: 12/07/2004 Age: 3 Yr 10 Mo Gender: F

Race: [Choose One] ?

Ethnicity: [Choose One] ?

Primary Language: [ENGLISH] ?

Language At Home: [Choose One] ?

Current Living Situation: [Choose One] ? Other: []

Child CANS Information

Certified Assessor: Carl CBHITEST Certified Assessor's Employer: ECHHS

Assessor Phone Number **: [] out: [] NPI: [] ?

Date Of Assessment: 10/17/2008 Reason: [Initial] ?

Is this MH client enrolled in ICC? ☐ Yes ☒ No

Place of Assessment **: [Choose One] ? Other: []

Level of Care **: [Choose One] ?

CANS Assessment Document

Under the **Child CANS Information** section,

12. Enter the **[Assessor Phone Number**]** (Must be 9 digits, no spaces, dashes or other characters).
13. From drop-down menu, choose **[Place of Assessment**]**.
14. From drop-down menu, choose **[Level of Care**]**.

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Child CANS Information

Certified Assessor: Carl CBHITEST Certified Assessor's Employer: ECHHS

Assessor Phone Number **: [] out: [] NPI: [] ?

Date Of Assessment: 10/17/2008 Reason: [Initial] ?

Is this MH client enrolled in ICC? ☐ Yes ☒ No

Place of Assessment **: [Choose One] ? Other: []

Level of Care **: [Choose One] ?

CANS Assessment Document

** Indicates fields required to save record in 'In Progress' status.

(** Indicates required field)

Under the **SED Determination** section,

15. Complete SED Part I and SED Part II.

Note: Questions 5 and 6 are automatically determined based upon answers to previous questions.



Tip:
Questions will appear grayed if answered "No".

Tip:
No system warning if you click the [Cancel] button before saving, the application returns you to the "Enter MassHealth Id" page.

Cancel

SED Determination

Identifying Children / Adolescents with Serious Emotional Disturbances

Serious Emotional Disturbance (SED) is a term that encompasses one or more mental illnesses or conditions. Whether a member has a SED can be determined by applying either the Part I or Part II below, or both. Identifying a child as having SED is one step in the determination of medical necessity for Intensive Care Coordination. In addition, MassHealth will be tracking SED determinations to guide service system improvements for children and families. Accurate identification of children with SED will assist MassHealth improve services for this population in the future.

A child may have a SED under either the Part I or Part II or both¹. All criteria in Part I and Part 2 must be considered and ruled in or out.

Part I:

Please answer the following questions according to your current knowledge of the child or adolescent:

1. Does the child currently have, or at any time in the last 12 months has had, a diagnosable DSM-IV or ICD-10 disorder (s)? Developmental disorders, substance abuse disorders or V-codes are not included unless they co-occur with another DSM-IV or ICD-10 diagnosis.

☐ Yes ☐ No

2. If yes to question 1, please indicate whether those diagnoses resulted in functional impairment which substantially interferes with, or limits, the child's role or functioning in any of the following areas: (Functional impairment is defined as difficulties which substantially interfere with or limit his or her ability to achieve or maintain one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment).

☐ Family ☐ School ☐ Community act. ☐ No Functional Impairment

3. If yes to question 1, and you checked "no functional impairment as defined" in question 2: Would the child have met one or more of the functional impairment criteria in question 2 without the benefit of treatment? (Children who would have met functional impairment criteria during the year without the benefit of treatment or other support services are included).

☐ Yes ☐ No

Part II:

4. Please indicate if the child has exhibited any of the following over a long period of time, and to a marked degree that adversely affects the child's educational performance:

(a) An inability to learn, that cannot be explained due to intellectual, sensory, or health factors.

☐ Yes ☐ No

If yes to (a), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

If yes to (a), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

☐ Yes ☐ No

If yes to (b), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

(c) Inappropriate types of behavior or feelings under normal circumstances.

☐ Yes ☐ No

If yes to (c), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

(d) A general pervasive mood of unhappiness or depression.

☐ Yes ☐ No

If yes to (d), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

☐ Yes ☐ No

If yes to (e), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

☐ Yes ☐ No

5. The child / adolescent has SED under Part I -

6. The child / adolescent has SED under Part II -

¹ The determination that a child meets these clinical criteria is not an evaluation under federal and state laws addressing special education.

** Indicates fields Required to Save.

Cancel Save

Tip:
The round Radio buttons are for Yes or No questions. Only one can be selected, indicated with a black dot.

Tip:
Use the Web Browser to print as the Print icon is not functional in this version.

16. Click the [Save] button.

Note: The [Save] button will place this record in an "In Progress" status which indicates that a Massachusetts CANS has been saved as a draft and can be accessed for additional edits, as needed.



Edit a CANS/SED Determination for a Client

1. Type [**Certified Assessor User Id**]; click [**OK**] button.
2. Confirm the Certified Assessor; click the [**OK**] button.
3. From the Main Assessment Menu, click the [**Edit**] tab.
4. Enter the [**Mass Health ID**]; click the [**OK**] button.
5. Confirm client information; click the [**Edit**] button.

Health and Human Services Tuesday, 11/25/2008 Carl CBHITESTDEO Home | Help | Exit

Main Assessment Menu

Add New Edit Copy Print Blank Form Manage Consent

Confirm Client Information

Client selected : TESTA CHRISTOPHER Date Of Birth 12/07/2004 Sex F

If this is the correct MH-client, enter the Date of this Assessment: Date Of Assessment * 11/22/2008 ?

If this is not the correct MH-client, Cancel to enter another member

OK Cancel

6. Review and update, if necessary, the Person Details, Child CANS Information, SED Part I and SED Part II based on hardcopy tool.

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Person Details

MassHealth ID : 822722626

Name TESTA CHRISTOPHER Date of Birth 12/07/2004 Age 3 Yr 10 Mo Gender F

The determination that a child meets clinical criteria is not an evaluation under federal or state laws governing special education.

** Indicates fields Required to Save.

Cancel Save

7. Click the [**Save**] button. The record will be saved, but will not be marked 'Complete' until the Certified Assessor logs on and marks the record 'Complete' (see Certified Assessor Job Aid for more information).

Note: The [**Save**] button will place this record in an "In Progress" status which indicates that a Massachusetts CANS has been saved as a draft and can be accessed for additional edits as needed.

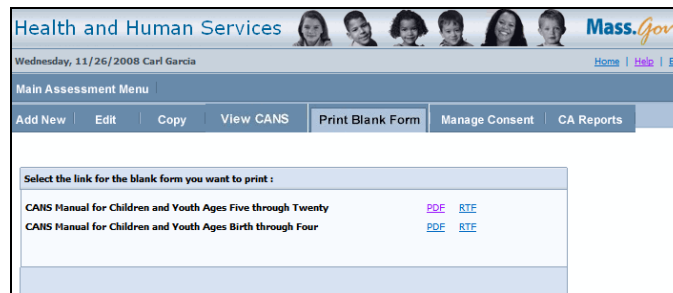


Print Blank Form

1. From the Main Assessment Menu, click the [**Print Blank Form**] tab.



2. Click the option of your choice to print the blank form for the CANS tool documents:
 - PDF (Portable Document Format – Adobe Acrobat)
 - RTF (Rich Text Format)



Note: If you do not have Adobe Acrobat currently installed you can download it free at <http://www.adobe.com>.

Auditing

Note: All actions performed in the Massachusetts CANS are logged including action performed, user id, date and time. This enables administrators to have an audit trail of activities.

Performance Tip

If application performance appears to be slow, use browser options to clear cookies, history and/or cache. Please see individual browser instructions for specific steps.

Questions or need assistance?
Call Virtual Gateway Customer Service
1-800-421-0938
(617-988-3301 - TTY for the deaf and hard of hearing)
8:30 am to 5:00 pm Monday through Friday